JUDICIAL CAMPAIGN	ANDIDATE / OFFICEHOLDER FINANCE REPORT	FORM JC/OH COVER SHEET PG 1
	5212	O O VEH ONLE PG
The JC/OH INSTRUCTION form.	ON GUIDE explains how to complete this 1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	JUXOE BrendA P	OFFICE USE ONLY Date Received
4 CANDIDATE	NICKNAME LAST SUFFIX	02 TR/
OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE	100 Sec. 100
Change of Address 5 CAMPAIGN TREASURER	HUSTIN X 709	Date Hand-delivered or Date Postmarked
NAME	NICKNAME LAST SUFFIX	Receipt #\$Amount Oate Processed
	1000	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (57) 370-2873	
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
1	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH Month Day	Year
0 ELECTION	ELECTION DATE Month Day Year Primary Runoff G	eneral Special
1 OFFICE	OFFICE HELD (If any) SUDGE # 7 HOZO TO THE COUNT OFFICE SOUGHT (If known)	30XJE,
3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expenditures made by others without the candid. Candidates are required to disclose this information only if they receive notification of the direct of 	ate's prior consent or approval.
BY OTHER INDIVIDUALS	Name	/
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

8

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

					
14 C/OH NAME		N 1/2	15 ACCOUNT # (Ethics Commission filers)		
	enda t	P. MENNEDU	177751971		
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad this information only.	notice of political expenditures by political committees to support the cade without the candidate's or officeholder's knowledge or consent. Cancey if they receive notice of such expenditures.	Indidate / officeholder. These expenditures didates and officeholders are required to repor		
OCIVIIVIT I LE(O)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$ 11.7		
			1.665		
	(OTHER	POLITICAL CONTRIBUTIONS 29053 THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$29.052		
EXPENDITURE TOTALS	3. TOTAL PO	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	(
+		1082	7		
	4. TOTAL F	POLITICAL EXPENDITURES	\$42/03/46		
CONTRIBUTION BALANCE	5. TOTAL PO OF THE R	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 13213119 3213119			
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$		
8 AFFIDAVIT					

RUBY W. JONES Notary Public, State of Texas My Commission Expires MAY 2, 2006

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DENDA

; to certify which, witness my hand and seal of office.

Signature of officer administering oath

Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78/11-2070	(512) 463-5800 1-800-325-850
POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedula F;
2 FILER NAME BRENDA P KENNEDY	3 ACCOUNT # (Ethics commission filers)
4 Date 5 Payee name	7 Amount (\$)
Verizon Vireless	
7-(-02 6 Payee address; City; State: Zip Code	11049
HOUSTON, X 77215	1195
8 Purpose of payment (See instructions regarding type of information required.)	if direct expenditure to benefit C/OH •• for name Office sought Office held
Canquell Bill	
Date Payee name	Amount (\$)
Chakmark lypesettin	5
Payee address; City: State; Zip Code 3217 N. 1H35	
7-1-07 AUStin 78 78 722	3349-
Purpose of payment (See instructions regarding type of information required.)	if direct expenditure to benefit C/OH •• ler name Office sought Office held
4x8 Campaign	of harms
Sign	
Date Payeoname	Amount (\$)
Seorge hezantsky Payee address; City, State; Zip Code	
1217-02 701 West North Lagi	
#111	75.1 150
	f direct expenditure to benefit C/OH ••
required.) Candidate / Officehold	er name Office sought Office held
Thoruga Pinto CARD	۵
Date Payee name	plend Amount (\$)
Disability Assistance 6	t. TX.
Payee address; City; State; Zip Code	
Austin TX	100-
Purpose of payment (See instructions regarding type of information required.) NSOYSMIP Candidate / Officeholds	direct expenditure to benefit C/OH •• er name Office sought Office held
DACT	,
1211 Jewish Com GF 9-14-02	
ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

The Instruction	Guide explains how to complete this form.		1 Total pages Schedyle F. J. U.
FILE NAME	NDA P. KENNEDI		3 ACCOUNT # (Ethics Commission files)
D ate	5 Payee name	[7 Amount (\$)
49-07	6 Payee adpress. O City, State. Zip Code	less	
U ·	P.O. Box 773	600	\$110,85
:	Houston, X	77215	118
3 Purpose of exp	penditure CANDOUM	9 Complete if direct experience Candidate / Officenoider r	
	Thone costs		
Date	Payee name	a raintie la	Amount (\$)
	Payee address. City State Zio Code	nocratic Re	· · · · · · · · · · · · · · · · · · ·
8-21-62	4201 50. Con	igress	71/5 BHANGO
electio	13005	·· Complete if direct expe	745 5000°
Purpose of exp	penditure of CAMPAIGN	Candidate / Officeholder r	
expend phone ba	iture (media, + rejers,)	·	<u>.</u>
Date	Payee name		Amount (\$)
	D Henry Middle	School	
	Payee address. Only. State. Zip Code	1-	
8-27-6	AUSTIN, TX		10000
Purpose of ex	CHORITANO ROUND UP	 Complete if direct expe Candidate / Officeholder r 	
	SPONSOR SHIP		
Date	Payee name KINDY Miller & As	CAC	Amount (\$)
	Payee address City; State; Zip Code	SUC_{b}	
(100 60	501 N IH35)	25 500 00
8-27-02	AUSTIN IX	78700	30,000
Purpose of exp	penditure NEDIA BUU 1	 Complete if direct experience Candidate / Officeholder r 	
	TU Spots		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E. 3 of G	
FILER NAME DRENDA PKENNEDI	3 ACCOUNT # (Ethics Commission filers)	
Date 5 Payee name RECT	7 Amount (\$)	
3-30-62 Payee address, City, State, Zip Code 1602 Glencre AUStill, TV	78723 #180745	<u></u>
Purpose of expenditure FUNDALISEN Invitations	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought / held	
Date Payee name A	Amount	
1 1 i i i i i i i i i i i i i i i i i i	(S)	
9-4-02 Arstin Tx	10000	
Purpose of expenditure Purpose of expenditure Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held	
Subjected Sponsorship		
Date Payee name	(\$)	
Payee address City, State, Zip Code		
19-12 HOUSTON TO	77215 8927	,
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Office loader name	
Campaign Thore		
24Dense		
Date Payee name BH AURLE	Amount (\$)	
Payee address: City, State: Zip Code 1. Color City, State: Zip Code 1. Color City, State: Zip Code	rest Dr. 78723 947.	9
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name	
Color Info CARDS		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule, F
2 FILER NAME BRENDA D. KENNER	3 ACCOUNT # (Etnics Commission filers)
4 Date 5 Payee name 5 Payee address; City, State, Zip Code 10 COUAD 11 COUAD	PETUICIE ALUPE 7 Amount (S) 74 OC
	Complete if direct expenditure to benefit C/OH ++ andidate / Officeholder name Office sought / held
Date Payer name Dent-lift	Amount (\$)
9-13-07 Payee address. City. State. Zip Code 13-03 DAN WC AUSTRAL TX	78759 2520
	Complete if direct expenditure to benefit C/OH ++ andidate / Officeholder name Office sought / held
Payee name Device HUNDR Payee address. City. State, Zip Code P.O. Rox 1005 P.O. Rox 1005	78(69) 250 00
	Complete if direct expenditure to benefit C/OH indidate / Officeholder name Office sought / held
Date Payee name DEPCH	Amount (\$)
118-07 Payee Andress: City: State: Zip Code 2101 South Lav ABLIN, TX	nAR 6575
FAX FILM, PAPER MARKERS	Complete if direct expenditure to benefit C/OH ** Indidate / Office sought / held Office sought / held
MAME (HCD) ATTACH ADDITIONAL COPIES OF 1	THIS FORM AS NEEDED

,	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G	
The Instruction	אס Guide explains how to complete this form.	1 Total pages this Sch	edule G:	
2 FILER NAM	BRENDA PKENNEQ.	3 ACCOUNT # (Ethics	ics Commission filers)	
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		Amount (\$)	
	7 Purpose of expenditure	. [Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure		Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure		Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure		Reimbursement from political contributions intended	
Date	Payee name		Amount (\$)	
	Purpose of expenditure		Reimbursement from political contributions intended	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED		

	P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	NA	3CHEDULE
The Instruc	TION GUIDE explains how to complete this form.	1 Total pages this	Schedule I; *
2 FILERNA	NAME 3 ACCOUNT # (Ethic		thics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information	required.)	
Date	Payee name Payee address; City, State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.)	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
·	Purpose of expenditure (See instructions regarding type of information	required.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information of	required.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information r	equired.)	

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P.O. Box 12070

	OUTSTAI	NDING LOANS	NA		SCHEDULE L
	The Instruction G	UIDE explains how to complete	this form.	1	Total pages this Schedule L:
2	FILER NAME			3	ACCOUNT # (Ethics Commission filers)
	LENDER INFORMATION	4 Name of lender			
		5 Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	6 Name of guarantor			
	not applicable	7 Guarantor address;	City;	State;	Zip Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zip Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zip Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zip Code
		ATTACH ADDI	TIONAL COPIES O	F THIS FORM AS NEED	DED

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):	7
2 FILER-NAME .	3 ACCOUNT # (Ethics Commission filers)	
BrenDA P. KENNEDY	00051821	, ·
4 Date 5 Full name of contributor out-of-state PAC (ID#: 1	7 Amount of 8 In-kind collision (\$) description (if	
7-1-02 Wade Kussell	contribution (\$) description(if	applicable)
6 Contributor address; City; State; Zip Code	į .	
404 W. 13+9	150-	
AUSTINIA 78	<u> 3701 100 </u>	
9 Contributor's principal occupation AHorneu	10 Contributor's job title	
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind cor	
LAPONARD MARtin	1e7	арріюцью,
7-1-02 Contributor address; City; State; Zip Code 8/2 San Antonia	0	
ABtiN, To 780	701 1000	
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind con contribution (\$) description(if:	ľ
Sara DiAti		
7-1-52 Contributor address; City; State: Zip Code	io	
AUSHNE 78	3701 100-1	
Contributor's principal occupation	Contributor's job title	
Attorney		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	Ì
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A (J)

			,	
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sched	2 of 37
FILER NAME			3 ACCOUNT # (Ethi	cs Commission filers)
Br	ENDA P. KENNEI	DY	10005	1821
Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	James Burke		Commodition (4)	description(ii applioning
			į	
) 1 00	6 Contributor address; City: State, Zip Code		1	
-1-02	18410 FM969	20. ~2	1 1	
	AUSHIN. TX	8650_		i
Contributor's p	principal occupation	10 Contributor's job	title	·
	HHORNEY			
Contributor's e	employer/law firm	12 Law firm of conti	ributor's spouse (if a	ny)
3 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Jessica Lak]	
	Contributor address; City, State, Zip Code]	
	501 W104		! !	
7-1-02	HUSTINITY 787	70/	200	
Contributor's p	principal occupation	Contributor's job	title	
Contributor's 6	employer/Jaw firm.	Law firm of cont	ributor's spouse (if a	ny)
Austi	N Pail BOND			
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
	Thad Son			,
	Contributor address: City. State: Zip Code		1	
	224 NCINH			
<i>c</i>	1 10 0	0.1	222	
1-1-02	Austin, X 787	<u> </u>	300	
Contributor's p	principal occupation AHD TNEU	Contributor's job	title	
Contributor's (employer/law_firm //	Law firm of cont	ributors spouse (if a	ny)
	564			
If contributor is	s a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

	<u> </u>		
The Instruction Guide explains how to complete this form.		1 Total pages Sched	Bulle A(J) 37
FILER NAME		3 ACCOUNT # (Eth	ics Commission filers)
BRENDA P. KENNEDO	J	000	57821
Date 5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
RAY GREEN 6 Contributor address; City; State, Zip	Code		
5261 Hillside	PETTACE	1 0 - 1	
7-23-02 BUDA, TX	78610	150	
Contributor's principal occupation AHTORNEY	10 Contributor's join	b title	
Contributor's employer/law firm	12 Law firm of con	tributor's spouse (if a	ny)
3. If contributor is a child, law firm of parent(s) (if any)			
Date Full-name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
SCOH SPEARS		Continuation (c)	description(ii application)
Contributor address. City State, Zip	Code		
7-23-02 Barton Oaks T.	LARA DNE UBHINTY 7874	6 100-	·
Contributor's principal occupation AHOTNEY	Contributors job	b title	
Contributor's employer/law firm	Law firm of con	tributor's spouse (if a	ny)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor	out of state PAC	Amount of	In-kind contribution
HAW Office of William	m White	contribution (\$)	description(if applicable)
Contributor address: City. State: Zip 608 W. 1244, 5	te.B		
7-23-02 AUSTIN, TX 78	70/	250	
Contributor's principal occupation	Cantributor's job	o title	
Contributor's employer/law firm (AS ABOVE)	Law firm of con	tributor's spouse (if ai	ny)
If contributor is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sched	ule A(J) For 37
FILER NAME			3 ACCOUNT # (Ethix	cs Commission (ilers)
Date	5 Full name of contributor. ELIC RISEN 6 Contributor address: City. State. Zip Code 702 RIO PRANDE	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
7-23-02	ABTIN, TX	78701	100-	
	orincipal occupation	10 Contributors job	·	, =
1 Contributor's e	employer/law firm Self	12 Law firm of contr	butors spouse (if ar	·y)
3 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor NORMAN Contributor address, City, State, Zip Code 21/3 F. MLK	out of state PAC Blvd.	Amount of contribution (\$)	In-kind contribution description(if applicable)
8-9-02	Stesting TX 787	02	200-	<u> </u>
Contributor's p	principal occupation ENHST	Contributor's Job	title	
Contributor's e	employer/law firm	Law firm of contr	ibutor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)			
0ate 8-9-02	Demetris A. SAMP Contributor address: City. State. Zip Code 2207 ELDER OAKS	out of state PAC SON LANC 232	Amount of contribution (\$)	in-kind contribution description(if applicable)
	orincipal occupation	Contributor's job		
Contributor's e	employer/law firm Self	Law firm of contri	butor's spouse (if an	ıy)
If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	IS (JUDICIAI	L)	SCHEDULE A (J)
The Instruction Guide explains how to complete this form.		1 Total pages Sch	redule A(J):
2 FILER HAME RENDA KENNEDY 4 Date 5 Full name of contributor Floridation 200		3 ACCOUNT # (EI	thics Commission filers)
5 Full name of contributor Out-of-state PAC (ID): DAVID REYNOLDS 6 Contributor address: City; State; Zip Code 1012 Rio GRANDS HIGHING TO TO TO		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Attorne	10 Contributor's job	/OU	
11 Contributor's employer/law firm Seff	12 Law firm of contrit	outor's spouse (if an	у)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Contributor address; Contributor address; Contributor address; City; State; Zip Code Contributor Address; City; State; Zip Code	Amirez.	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation / Athorney	Contributor's job ti	tie	
Contributor's employer/law firm 5 etc Law firm of contributor's spouse (if any))
If contributor is a child, law firm of parent(s) (if any)			
8-11-11 Se-305 City; State: Zip Code	ENTER PC 110 Contributor's job titl	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's employer/law firm	Law firm of contribu	itor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

(= 12.) 100 0000

A COLOR OF THE PROPERTY OF THE	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JU	SCHEDULE A (J)
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): 4
2 FILERMANE PHENNEDY	3 ACCOUNT # (Ethics Commission filers)
5 Full name of contributor out-of-state PAG (ID) RANCER HUELLER 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4.22 x2 1-21.6	-2042 1000 -
	ntributor's job title
11 Contributor's employer/law firm 12 Lav	v firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
8-30-02 Contributor address; City; State; Zip Code 8-30-02 Sarton Caks Austin The	DNE 78796 100
Contributor's principal occupation (Contributor's principal occupation)	ntributor's job title
Contributor's employer/law from Law	r firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of In-kind contribution description(if applicable)
8-30-02 P.O. BOX 12864 78/10/TX 78/	7// 100-
Contributor's principal occupation haw Firm	tributor's job title
	firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule (J): 1
2 FILER NAME DRENDA P KENNEBY	3 ACCOUNT # (Ethics Commission filers) 00051821
4 Date 5 Full name of contributor out-of-state PAC (HEFF) THE RUSK OUT- 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9 Contributor's principal occupation	870/ 500 ⁻¹
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Pate Full name of contributor Full name of contributor Full name of contributor Full name of contributor Out-of-state PAC (ID#:_ Out-of-	
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution description(if applicable)
8-30-02 700 Lavaca, St AUSTIN, X 78	
Contributor's principal occupation AWUER	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER MAME // //	3 ACCOUNT # (Ethics Commission filers)
BRENDA P. KENNEDY	00051821
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#	7 Amount of 8 In-kind contribution
Jessica ZAK	contribution (\$) description(if applicable)
6 Contributor address; City; State; Zip Code	
8-31-17 909 Nueces 18'	701 250 -
9 Contributor's principal occupation (Sail BONDS NAN)	10 Contributor's job title
11 Contributor's employer/law firm Hostin Bin	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Jout-of-state PAC (ID#:	Arnount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip Code	
8-3002 404 West 134	St 7870 1115
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip Code	······
83002 Astir, TX	78750 100
Contributor's principal occupation AHORNEY	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	·

SCHEDULE A (J)

The Instruction	אס Guide explains how to comple	ete this form.		1 Total pages Sche	dule A(J):	of 3	 37
2 FILER NAM	ENDA P. KE	NNEDY		3 ACCOUNT # (Ethi	ics Commission tile	s)	
4 Date	5 Full name of contributor	Out-of-state PAGND#:	<u> </u>	7 Amount of contribution (\$)	8 In-kind of description	contribution (if applicat	
8-30-85	6 Contributor address; City 54		NiO 18701	150			
9 Contributor's p	orincipal occupation	tornee.	10 Contributor's job	title			
11 Contributor's e	employer/law firm	eff	12 Law firm of contrib	outor's spouse (if any)		
13 If contributor is	s a child, law firm of parent(s) (if an	y)			TUPSEF - 1 - 1		
Date	Full pame of contributor [out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind co description(ontribution (if applicab	
92-62	804 King	State; Zip Code	78701	250			
Contributor's p	rincipal occupation	vei 1	Contributor's job t	itle			
Contributor's e	mployer/law firm DCR + C	DhAUSON!	Law firm of contrib	outor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any	/)					
Date	Full name of contributor [LUBANK V Contributor address; City	Out-of-state PAC (ID#:	PC.	Amount of contribution (\$)	In-kind co description(i	entribution if applicable	
9-2-02	22/ W. C	oth, Ste	,900 7870/	100			
Contributor's pr	incipal occupation	Rus	Contributor's job til	tle			
Contributor's er	nployer/law firm		Law firm of contrib	utor's spouse (if any)			$\neg \neg$
If contributor is	a child, law firm of parent(s) (if any)					$\overline{}$

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): 2 of 3
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
BRENDA F. KENNEDU	222
4 Date 5 Full name of contributor out-of-state PAC (HD#:) 7 Amount of 8 In-kind contribution
Kail Hing	contribution (\$) description(if applicable)
1 9)EN 110UD	
6 Contributor address; City; State; Zip Code	
1 100 Lavaca St	1550
107 kg 1000	4
1201 MISTIN X /8/	01 /80
9 Contributor's principal occupation	10 Contributor's job title
HHORNEY	
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
set	
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of In-kind contribution
La La Company	contribution (\$) description(if applicable)
JOHN DARREH	
Contributor address; City; State; Zip Code	le.1150
200 karacal	(e. 1150
12 12	70761 771
12-02 170311N, 12	18101000
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributer ☐ out-of-state PAC (ID#:	.) Amount of In-kind contribution
SINDA CONTHATOR DO	COntribution (\$) deposition (if an all and in
	m(rez
Contributor address; City; State; Zip Code	
103 Nueces	
9-2-02 AUSTIN I 187	701 100
	700
Contributor's principal occupation 447001001	Contributor's job title
Contributed a make it	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(d): 4 3 7
2 FILER NAME ()	3 ACCOUNT # (Ethics Commission filers)
DRENDA P. KENNEDU	A A A TO TO
	00031821
5 Full name of contributor Out-of-state PAC (10#: Stephen B. Edward S 6 Contributor address: City: State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9602 400 W. 19th, Ste 120 ABSIN, TX 1874	250
9 Contributor's principal occupation AHORNEY 10 Contributor's job	title
11 Contributor's employer/law firm Self 4 12 Law firm of contri	butor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Jour-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description(if applicable)
9-6-12 Contributor address; City: State; Zip Code 2/Le Settlers Valley BR. PLIVARTVILLE, TR 78660	100
Contributor's principal occupation Contributor's job to Contributor's jo	itle
Contributor's employer/law firm of contrib	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#: VIX-8	Amount of In-kind contribution contribution (\$) description(if applicable)
9-6-02 P.O. BOX 162793 AUSTIN TX 7871102193	100
Contributor's principal occupation Campuign Contributor's job ti	le
- ITOGICAN	utor's spouse (if any) Y JAWO'S Ki
If contributor is a child, law firm of parent(s) (if any)	. (2.,1400.2)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAMED BRENDA P. KENNEDO	3 ACCOUNT # (Ethics Commission filers) 000 57821
Date 5 Full name of contributor □out-of-state PAC (ID#: 4 Date 5 Full name of contributor □out-of-state PAC (ID#: 6 Contributor address; City; State: Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9-6-02 HUSTIN TX 7870	Je.100 150 -
MHWHER	10 Contributor's job title
1200561-4 MAN 167	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City: State; Zip Code	Amount of In-kind contribution description(if applicable)
9-6-02 Austin TX 7874	Bluo. 250-
Contributor's principal occupation AHOENES	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City: State; Zip Code	Amount of contribution (\$) Amount of description (if applicable)
1-6-02 AUSTN TX 78	74/ 300
Contributor's principal occupation August	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A (J)

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule A(J): 437
2 FILER NAME ()		3 ACCOUNT # (Et	hics Commission filers)	
	Bearn Deline	^	در ا	. /
	PRENDET FYZNNE	04	0005	1821
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Vera Ila la via	^	contribution (\$)	description(if applicable)
	HERE MC ONNIC			1
	6 Contributor address; City; State; Zip Code	11 77 -		r I
11/1/10	600 ONGress 154	Hoor	<u></u>]
11/1/1/1	AND TO	711	200	
2 Contributorio	103/10/12	701		
9 Contributor's p	principal occupation AAWUEK	10 Contributor's job	title	
11 Contributor's e	employer/Jaw firm			
20# 1	BUCIAS & Melonnico	12 Law firm of contrib	outor's spouse (if any	/)
13 If contributor is	s actriid, law firm of parent(s) (Namy)			
10	same (a) (namy)			
Date				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	LAMIAN. upial		contribution (\$)	description(if applicable)
	Contributor address; City; State; Zip Code			
<i>A</i>	Mrs. Row V Town	- 56155D	ĺ	
11/1/15	DA JANA KEE	K, JE/WO	1-	
11002	Austin 78711	•	\sim \sim	
Contributor's p	rincipal occupation	Contributor's job ti	tle	
		0000.0101010101		
Contributor's er	mployer/law firm	Law firm of contrib	utor's spouse (if any	<u> </u>
			ato. o opouoo (n uriy	,
If contributor is	a child, law firm of parent(s) (if any)			, <u>, , , , , , , , , , , , , , , , , , </u>
		· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor Qui-of-state PAC (ID#:)	Amount of	in-kind contribution
	William DAlling	,	contribution (\$)	description(if applicable)
į.	1 11/1/HM 1 + M/1/30N		!	
	Contributor address; City; State: Zip Code		I c	
MAL	- 10/20XIO (SEANDO	2	1	·
01-9-12	Alphin TV 101	701	XX1) -	
Contributed	1/13/1N/X /81	OI	200	
· ·	incipal occupation	Contributor's job tit	le	
Contributors	Muyer Dayler			
Contributor's en	ipioyemaw rim	Law firm of contribu	ıtor's spouse (if any)	
If contributor is a	a child low firm of parameters (1)			
ii continuitoi is a	a child, law firm of parent(s) (if any)			

Contributor's principal occupation

y; State; Zip Code Sk

250

Contributor's principal occupation

Contributor's employer/law firm

Horney

Contributor's job title

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(U.S.)
2 FILERMANE DRENDEDY	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor out-of-state PAF (ID#:	contribution (\$) description(if applicable)
911-02 BG15 Stillwood & AUSTIN, TX	78757 100
9 Contributor's principal occupation AHOTNES	10 Contributor's job title
11 Contributor's employer/law firm BOWN 4 Schaefer 7.C.	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State: Zip Code Greek Contributor's principal occurpation Contributor's principal occurpation	B(vd. 100 - Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor ☐ out-of-state PAC (ID#:	
Velva Peice	contribution (\$) description(if applicable)
Contributor address: City: State: Zip Code 1601 Ridgenior; + 1102 AUStin, TK 78	723 /00
Contributor's principal occupation AHORIVES	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
if contributor is a child, law firm of parent(s) (if any)	

Amount of

contribution (\$)

Law firm of contributor's spouse (if any)

In-kind contribution description(if applicable)

Date

Full name of contributor

Contributor address:

City: State: ZIPCodd

Contributor's principal occupation

Contributor's employer/law firm

Contributor is a child, law firm of parent(s) (if any)

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor of contribution (\$)

Contributor's principal occupation

Contributor's principal occupation

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Date

Contributor's principal occupatio

Contributor's employer/law firm

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	-	(312) 400-300 SCH	HEDULE A (J)
The Instruction Guide explains how to complete this form.		Total pages Schedule A(20
2 FILER NAME 4 Date 5 Full name of contributor out-of-state PAC (ID#:) ()	3 ACCOUNT # (Ethics Cornr	821
6 Contributor address; City; State; Zip Code	100		In-kind contribution scription(if applicable)
9-D-D Arsting To	78701	200	
9 Contributor's principal occupation	10 Contributor's job t	itle	
11 Contributor's employer/law firm	12 Law firm of contrib	outor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date Fillyname of contributor Out-of-state FAC (10#:	+ Cove		n-kind contribution cription(if applicable)
Contributor's principal occupation	730	100	
Contributor's employer/law firm	Contributor's job ti		
	Law firm of contrib	utor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#: MVE# Contributor address; City: State; Zip Code			-kind contribution rription(if applicable)
4-120 Austin 1 7870	1	570	
Contributor's principal occupation	Contributor's job titl	e	
Contributor's employer/law firm	Law firm of contribu	tor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

	 		
The Instruction Guide explains how to complete this form.		1 Total pages Sch	nedule A(J): * 3 7
2 FILER NAME BUNDA P. KENNED	4	3 ACCOUNT # (E	thics Commission files)
Date 5 Full name of contributor Oul-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9-12-02 1103 Nueces	8701	100	
9 Contributor's principal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm	12 Law firm of contrib	outor's spouse (if an	у)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor [] out-opstate PAC (ID#:	KI UP	Amount of contribution (\$)	In-kind contribution description(if applicable)
9-12-02 600 Congress,	Se2400	5710	
Contributor's principal occupation AAW Firem	Contributor's job ti	ile	
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any	·)
If contributor is a child, law firm of parent(s) (if any)			
Date Fxlyname of contributor Out that a PAC (ID#:	Var to	Amount of Pcontribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code	5		
GAJOJ ABBITA	78740	ļ	
Contributor's principal occupation	Contributor's job titl	e	
Contributor's employer/law firm	Law firm of contribu	itor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

If contributor is a child, law firm of parent(s) (if any)

Contributor's employer/law firm

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Law firm of contributor's spouse (if any)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME) DELNDA F. KENNEDY	3 ACCOUNT # (Ethics Commission filers) O.O.O.S/821
Date 5 Full name of contributor out-of-state PAS-4DE	7 Amount of 8 In-kind contribution contribution (\$) description(if applicable)
6 Contributor address; City; State; Zip Code	100
9 Contributor's principal occupation AHTITOCI_	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-ot-state PAC (ID#: Contributor address; City; State: Zip Code	Amount of In-kind contribution contribution (\$) description(if applicable)
GUO PUSTIN TE 7870	////
Contributor's principal occupation AHURNE	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any	
Date Full name of contributor Gould-state PAC (ID#: Contributor address; City: State; Zip Code	Amount of In-kind contribution contribution (\$) description(if applicable)
1-18-02 812 San Antonio 5te. 105 Austin T	78701
Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

exas Ethics Commission	Ausim, 16xd5 /6/11-20/0	(312)403-300C

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	VS (JUDICIA	L)	SCHEDULE A (J)
The Instruction Guide explains how to complete this form.	/	1 Total pages Scho	edule A(J): 7 3 7
2 FILERNAME BRENDA F. KENI	NEDU	3 ACCOUNT # (EL	hics Commission filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	KINARD ,	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9-18-07 P.O. Box 6851		250-	
9 Contributor's principal occupation attorned	10 Contributor's job	title	
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Z out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code SOLY FOREST ME AUSTIN, TX	2SA DR. 78759	100	
Contributor's principal occupation Addition	Contributor's job	title	
Contributor's employer/law-firm	Law firm of contrib	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
7-18-12 HIU CORMIN TX	VDe 78701	100	
Contributor's principal occupation Au Cycli	Contributor's job li	tle	
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)	<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) The Instruction Guide explains how to complete this form. Date Amount of contribution (\$) description(if applicable) 11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any) 13 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor, Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) Date Amount of In-kind contribution contribution (\$) description(if applicable)

If contributor is a child, law firm of parent(s) (if any)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Law firm of contributor's spouse (if any)

Contributor's principal of

Contributor's employer/law firm

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): V:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date 5 Full name of contributor Out-of-state PAR (ID#	7 Amount of 8 In-kind contribution
TODD DUDA	C Amount of 8 In-kind contribution contribution (\$) description(if applicable)
6 Contributor address; City; State; Zip Coo	de J
9-18-02 371, FAIRFIE	1d DR
	1640 100
9 Contributor's principal occupants	10 Contributor's job title
11 Contributor's employer law firm	12 Law firm of contributor's spouse (if any)
- Me. Dunham haw Siem	(ii aliy)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:_	Amount of In-kind contribution
Hottan: Westing	Amount of In-kind contribution contribution (\$) description(if applicable)
- INVIOND FYENNE	S
Contributor address; City, State; Zip Code	
0000	
1/1X1) 1 /1/1/1/1 - 10	1011
Contributor's principal occupation	700
AHORN'E	Contributor's job title
Contributor's employer/law firm	
	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor, Cut-of-state PAC (ID#:	
10 MM	Amount of In-kind contribution contribution (\$) description(if applicable)
Mul HACE OF DX	contribution (\$) description(if applicable)
Contributor address: City: State: Zip Code	
3/10 N 1242 SL	= 301
A	177
1 HUSTIN 74 78	1701 250
Contributor's principal occupation Contributor's employed for the second occupation Aug Si Em	Contributors job title
Contributor's employer/law firm	2 William of constitution
	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) The Instruction Guide explains how to complete this form. FILER NAME Date In-kind contribution contribution (\$) description(if applicable) Contributor's principal occupation 10 Contributor's job title Contributor's employer/law firm 12 Law firm of contributor's spouse (if any) 13 If contributor is a child, law firm of parent(s) (if any) Date Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any Date Amount of In-kind contribution contribution (\$) description(if applicable) Contributor address; Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

If contributor is a child, law firm of parent(s) (if any)

POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) The INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule FILER NAME ACCOUNT # Date Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occupation Contributor's emptoyer/law firm 12 Law firm of contributor's spouse (if any) 13 If contributor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description(if applicable) Contributor address; Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Amount of In-kind contribution contribution (\$) description(if applicable) Contributor address; Zip Code Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(I): 1 3 7
	3 ACCOUNT # (Ethics Commission filets)
Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
G-1811 A State: Zip Coc	78753 1000
9 Contributor's principal occupation Augustic	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
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JUSTIN, TX	78701 1000-
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state FAC (ID#: Contributor address: City: State: Zip Code	Amount of In-kind contribution description(if applicable)
9-18-0) 2934 hontance	Lidge 85
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	1

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## Date S Full name of contributor September 200 Septemb	The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Sch	edule AU): V:
Amount of contribution of contributors principal occupation 10 Contributor's pot title 12 Law firm of contributor's spouse (if any)	BRENDA Y. LENNET) _U	3 ACCOUNT # (E	ithics Commission thers
Contributor's employer/law firm Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Contributor's employer/law firm Contributor's principal occupation Contributor's employer/law firm Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)	HERB EVANS	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
11 Contributor's employer/law firm Tay S Court 12 Law firm of contributor's spouse (if any) Date	9-18-DV 1302 Nest-DV		100	 -
Date Full name of contributor Gout-Israte PAC (IDs Amount of contribution (\$)	Contributor's principal occupation	10 Contributor's job	title	Lu
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Contributor's principal occupation Date Full name of contributor Contributor address; City: State: Zip Code Contributor's principal occupation Law firm of contributor's spouse (if any) Law firm of contributor (\$) Amount of contributor's spouse (if any) Amount of contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address; City: State: Zip Code Contributor's principal occupation Contributor's princip				
Contributor's principal occupation AQUITY Contributor's job title Contributor's employer/law firm Tack A Texas Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Sout-of-state PAC (ID# Amount of Contribution (\$) Amount of Contribution (\$) Contributor address; City: State: Zip Code Contributor's principal occupation PAKK Te; Contributor's principal occupation PAKK Te; Contributor's employer/law firm Law firm of contributor's spouse (if any)	Contributor address; City; State; Zip Code	iAN.		In-kind contribution description(if applicable)
Contributor's employer/law firm Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address; City: State: Zip Code Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any)	9-10-02	78753	100	 -
If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Device Contributor Contributor address: Contributor's principal occupation Full name of contributor Law firm of contributor's spouse (if any)		Contributor's job ti	tle	
Date Full name of contributor Amount of contribution Amount of contribution description(if applicable) Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Full name of contributor Amount of contribution (\$) In-kind contribution description(if applicable) Contributor's job title Contributor's principal occupation Law firm of contributor's spouse (if any)	Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any)
Contributor's principal occupation Contributor's employer/law firm Contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)			
Contributor's employer/law firm Law firm of contributor's spouse (if any)	MILMIS Derrick	ChuBBS	· ·	
caw infinite contributors spouse (if any)	Contributor's principal occupation	Contributor's job titl	100	
If contributor is a child, law tirm of parent(s) (if any)	Contributor's employer/law firm	Law firm of contribu	tor's spouse (if any)	
	If contributor is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): V
2 FILER NAME BRENDA P. KENNEDY	3 ACCOUNT # (Ethics Commission Hers)
Date 5 Full name of contributor out-of-state PAC (IDH:	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
THIOINEY	butor's job title
- Compose etal	m of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
Contributor's principal occupation AWFIRY	outor's job title
TOME!	n of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor OB-PAC (ID# Contributor address: City: State: Zip Code 400 State: Zip Code	Amount of In-kind contribution contribution (\$) description(if applicable)
SOURDINGS STORES AUSTIN 7X 78 701	1000+
LA WYELT	utor's job title
If contributor is a child, law firm of parent(s) (if any)	of contributor's spouse (if any)
(i) ally)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCH	EDU	LE	A	(. I)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): V
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
DRENDA F. KENNSOC	1 00051821
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9-18-02 AUSTON 78-105, SE.L	250
9 Contributor's principal occupation Au Figure 10 Con	ntributor's job title
11 Contributorio amples - 4 - 6 -	v firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Contributor	
Date Full name of contributor Out-of-state PAC (ID#:	Arnount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip Code	
9-18-02 2101 SIH35 AUSTIN 787	41 100
Contributor's principal occupation Con	tributor's job title
Contributor's employer/law firm	firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	
Contributor address; State: Zip Code)	Amount of In-kind contribution contribution (\$) description(if applicable)
1-18-02 Bushing The 78	e 246 100
Contributor's principal occupation Contributor's principal occupation	ributor's job title
Contributorio nel 18 de 18	irm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): 1 38
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
DRENDA H. KENN	ed u 100057821
	BURC 7 Amount of contribution (\$) 8 In-kind contribution description(if applicable
G Contributor address; City; State; Zip Cod Q-20-02 AVSAN	78101 100
9 Contributor's principal occupation AHGOCO	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID# _ DUCK WOO Contributor address; City; State; Zip Code	contribution (\$) description(if applicable)
9-22-0 P.D. Box 1650	i l
Contributor's principal occupation Adwice Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm BONILLA LLP	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution description(if applicable)
9-18-01 /104 San Anto	1000-
Contributor's principal occupation AHDINEU	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	1

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): V		
2 FILER NAME BRENDA P. KENNE	3 ACCOUNT # (Ethics Commission filers) $OOO5/9.21$		
4 Date 5 Full name of contributor out-of-state PAC (ID#) 6 Contributor address; City; State; Zip Cod	7 Amount of 8 In-kind contribution contribution (\$) description(if applicable)		
9-18-02 1900 HEARIN S	78705 250		
9 Contributor's principal occupation AHD NEA	10 Contributor's job title		
11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)			
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Dout-of-state PAC (ID#:_			
Contributor address; City; State; Žip Code P.O. BOX 2122 AUSHIN, TX	78768 250		
Contributor's principal occupation	Contributor's job title		
Contributor's engployer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID# Contributor address; City: State; Zip Code	contribution (\$) description(if applicable)		
1-23-02 AUSTIN TO	1888 500 - 1		
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

DESIGNATION OF FINAL REPORT			
The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"			
C/OH N	DEFAIDA P KENINGNIA	2 ACCOUNT # (Ethics Commission filers)	
SIGNATURE			
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
N	Signature of	of Candidate / Officeholder	
FILER WHO IS NOT AN OFFICEHOLDER			
•• Com	plete A & B below <i>only</i> if you are a candidate ••	NIA	
A.	CAMPAIGN FUNDS	1 9 11 1	
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
В.	ASSETS		
Check only one:			
	I do not retain assets purchased with political contributions or interest or other income from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	m political contributions to personal	
	Sign	nature of Candidate	
	EHOLDER plete this section <i>only</i> if you are an officeholder ••	NA	
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.			
	Signa	ature of Officeholder	